

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

TIN T. WIN, M.D.

License No. 28212
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-08-0581A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND AND
PROBATION**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Tin T. Win, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that she has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

1 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any
2 other pending or future investigation, action or proceeding. The acceptance of this
3 Consent Agreement does not preclude any other agency, subdivision or officer of this
4 State from instituting other civil or criminal proceedings with respect to the conduct that is
5 the subject of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof)
13 to the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that
21 will be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1 11. Any violation of this Consent Agreement constitutes unprofessional conduct
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,
3 probation, consent agreement or stipulation issued or entered into by the board or its
4 executive director under this chapter") and 32-1451.

5 12. ***Respondent has read and understands the conditions of probation.***
6

7 Tin T. Win
8 TIN T. WIN, M.D.

DATED: 4-23-09

1
2 **FINDINGS OF FACT**

3 1. The Board is the duly constituted authority for the regulation and control of
4 the practice of allopathic medicine in the State of Arizona.

5 2. Respondent is the holder of license number 28212 for the practice of
6 allopathic medicine in the State of Arizona.

7 3. The Board initiated case number MD-08-0581A after receiving a complaint
8 regarding Respondent's care and treatment of a sixty-seven year-old male patient ("RD").

9 4. RD had a history of chronic pain and chronic obstructive pulmonary disease
10 (COPD). From December 2006 through January 2008, he presented to Respondent for
11 management of his intrathecal infusion pump medications and refills of systemic opioids.
12 There was no indication that Respondent obtained RD's past medical records or
13 communicated with RD's prior treating physician. During the latter stages of treatment,
14 Respondent made substantial adjustments to RD's intrathecal medications without
15 documenting detailed information on the magnitude of the adjustments or whether she
16 increased or decreased the dosages although this data is reflected in the synchromed
17 printout. Additionally, Respondent continually prescribed high dose transdermal Fentanyl,
18 added short acting opioids without documenting any indication for the medications and
19 prescribed additional high dose oral sustained release opioids in the absence of an
20 appropriate pain history, pertinent medical history, physical exam or a review of past
21 medical records.

22 5. On January 15, 2008, Respondent discontinued RD's pump medications,
23 which included Baclofen, and replaced them with Morphine. There was no documentation
24 in Respondent's office notes that she replaced RD's pump medications; instead, the
25 associated Synchromed Programming Session printout indicated which medications were
replaced. The following day, RD presented to Respondent's office complaining of acute

1 onset of itching and tremors, which are symptoms of Baclofen withdrawal syndrome.
2 Respondent prescribed Xanax, Dilaudid and Methadone without performing a physical or
3 neurological exam prior to prescribing the medications.

4 6. On January 23, 2008, RD presented to Respondent's office with complaints
5 of vomiting, not eating or drinking, chest pain, and shortness of breath. Respondent
6 increased RD's intrathecal Morphine infusion and contacted emergency medical services.
7 RD was transported to the emergency room and admitted to the intensive care unit (ICU).
8 In ICU, RD's cardiac enzymes were elevated; an electrocardiogram showed a left bundle
9 branch block and a chest x-ray showed left upper lobe pneumonia. The hospital consultant
10 opined that RD may have been overmedicated and that the aspiration may have
11 contributed to the pneumonia. RD was treated for initial hemodynamic instability, severe
12 exacerbation of COPD, acute renal failure and left upper lobe pneumonia. RD was
13 subsequently discharged.

14 7. The standard of care when a patient presents for pain management,
15 adjustment of intrathecal pump, and systemic medications requires the physician to obtain
16 an appropriate pain history, pertinent general medical history, physical exam and to review
17 medical records; to discontinue intrathecal Baclofen by gradually tapering the dose to
18 avoid withdrawal syndrome; to reinstitute intrathecal Baclofen when the syndrome does
19 occur; and to follow rational pharmacological principles when making adjustments to
20 intrathecal infusion medications and dosages and when adding oral opioids. Additionally,
21 prior to initiating Methadone the standard of care requires a physician to evaluate the
22 patient for risk factors for cardiac output prolongation that may predispose to cardiac
23 complications from Methadone.

24 8. Respondent deviated from the standard of care because she did not obtain
25 an appropriate pain history or review RD's medical records; she did not appropriately

1 discontinue the intrathecal Baclofen or reinstitute intrathecal Baclofen when RD
2 experienced withdrawal symptoms; and she did not follow rational pharmacological
3 principles when she made adjustments to RD's intrathecal infusion medications and
4 dosages and added oral opioids. Additionally, she did not evaluate RD for risk factors for
5 cardiac output prior to initiating Methadone.

6 9. RD suffered Baclofen withdrawal syndrome following abrupt discontinuation
7 of intrathecal Baclofen. Respiratory depression and aspiration may have been associated
8 with the acute increases in multiple opioids. Non-fatal or fatal cardiac dysrhythmia may
9 have occurred due to introduction of oral Methadone. Respondent's abrupt discontinuation
10 of intrathecal Baclofen, her failure to recognize early signs of intrathecal Baclofen
11 withdrawal syndrome, and the inadequacy of the medical records could have resulted in
12 RD suffering delirium, seizure, disseminated intravascular coagulation, multiple organ
13 failure, brain damage, or death.

14 10. A physician is required to maintain adequate legible medical records
15 containing, at a minimum, sufficient information to identify the patient, support the
16 diagnosis, justify the treatment, accurately document the results, indicate advice and
17 cautionary warnings provided to the patient and provide sufficient information for another
18 practitioner to assume continuity of the patient's care at any point in the course of
19 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because she did
20 not obtain past medical records, she adjusted intrathecal medications without documenting
21 detailed information, she continually prescribed medications without indication, and she did
22 not document which medications she discontinued.

23 **CONCLUSIONS OF LAW**

24 1. The Board possesses jurisdiction over the subject matter hereof and over
25 Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("failing or refusing to maintain adequate records on a patient.") and A.R.S. § 32-1401(27)(q) ("any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on probation for **one year** with the following terms and conditions:

a. Continuing Medical Education

Respondent shall within **one year** of the effective date of this Order obtain **15 - 20 hours** of Board Staff pre-approved Category I Continuing Medical Education (CME) in **prescribing controlled substances** and **15 - 20 hours** of CME in **medical record keeping**. Respondent shall provide Board Staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical license. The probation shall terminate upon successful completion of the CME.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of

1 time exceeding thirty days during which Respondent is not engaging in the practice of
2 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
3 non-practice within Arizona, will not apply to the reduction of the probationary period.

4 3. This Order is the final disposition of case number MD-08-0581A.

5 ORDER EFFECTIVE this 4th day of June, 2009.



6 ARIZONA MEDICAL BOARD

7
8 By

Lisa S. Wynn

9 Lisa S. Wynn
Executive Director

10 ORIGINAL of the foregoing filed
this 4th day of June, 2009 with:

11 Arizona Medical Board
12 9545 E. Doubletree Ranch Road
13 Scottsdale, AZ 85258

14 EXECUTED COPY of the foregoing mailed
this 4th day of June, 2009 to:

15 Jay A. Fradkin
16 Jennings, Strouss & Salmon, PLC
201 E. Washington St., 11th Floor
17 Phoenix, Arizona 85004

18 EXECUTED COPY of the foregoing mailed
this 4th day of June, 2009 to:

19 Tin T. Win, M.D.
20 Address of Record

21 Korinda Corley
22 Investigational Review